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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: David J. Haas

Serial No.: 10/672,525

Filed: 09/29/2003

For: KEYLESS LOCKING DEVICE

Examiner: Suzanne Dino Barrett

Art Unit: 3676

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandra, VA 22313-1450
Sir:

Responsive to the Office Action of May 04, 2004, to which response is now due by September 7, 2004, Applicant makes the following Amendments to the Specification and Claims.

AMENDMENT TO THE SPECIFICATION

Responsive to the Office Action, paragraph 1, attached hereto is a replacement **ABSTRACT** section.

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AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. 3.0-001	
Applicant(s):						
Application No. 10/672,525	Filing Date 09/29/2003	Examiner Suzanne Dino Barrett	Customer No.	Group Art Unit	Confirmation No. 1192	
<div style="display: flex; align-items: center;"> <div> Invention: KEYLESS LOCKING DEVICE <div style="text-align: center;"><u>COMMISSIONER FOR PATENTS:</u></div> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>The fee has been calculated and is transmitted as shown below.</p> </div> </div>						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	13 -	20 =	0 x	\$9.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0 x	\$43.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: September 04, 2004			
Michael E. Zall Reg. No. 27,023 Two Yorkshire Drive Suffern, NY 10901 (845) 357-6800			<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 09/04/2004 <div style="text-align: center;"> _____ Signature of Person Mailing Correspondence Michael E. Zall _____ Typed or Printed Name of Person Mailing Correspondence </div> </div>			
CC:						